## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further co- indicated unless corrected maintenance fee notificatio	below or directed otl	ig the Patent, advance of the patent in Block 1, by (	a) specifying a new corre	maintenance fees w spondence address;	and/or (b)	ed to the current indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  20995 7590 06/20/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
KNOBBE MAR 2040 MAIN STRE FOURTEENTH F	I he Sta add trar	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
IRVINE, CA 9261	.4						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/520,959	10/520,959 09/15/2005		Colin Campbell Marshall Mo		pore DUMME58.001APC		4784
TITLE OF INVENTION: P	HALLOPLASTY						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	D ISSUE FEE TOTAL FEE(S) DUI		DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	09/20/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
GILBERT, SAMUEL G  1. Change of correspondence address or indication		3735	600-040000				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.    KNOBBE, MARTENS, OLSON & BEAR, LLP				
	s an assignee is identi n 37 CFR 3.11. Comp EE	fied below, no assignee letion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assigne assignment. and STATE OR C	OUNTRY)		ocument has been filed for up entity Government
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies  Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the resurred fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
5. Change in Entity Status  a. Applicant claims S			☐ b. Applicant is no lon				
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if resulted State	ired) will not be accepted es Patent and Trademark	d from anyone other than t Office.	he applicant; a regis	tered attorn	ney or agent; or the	e assignee or other party in
Authorized Signature		Date BUT					
Typed or printed name _	Michael H.	Trenholm		Registration No	o <b>3</b> ′	7,743	
This collection of informatic an application. Confidential: submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313- Under the Paperwork Reduc	oplication form to the for reducing this bur inia 22313-1450. DO 1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (	depending upon the indiv depending upon the indiv e Chief Information Office COMPLETED FORMS TO	imated to take 12 m idual case. Any con r, U.S. Patent and 1 THIS ADDRESS.	nutes to comments on Frademark ( SEND TO	omplete, including the amount of tim Office, U.S. Depa : Commissioner for	g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,